

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000044765

Entity Name: M 1106 RESIDENCES, INC.

FILED
Oct 11, 2008
Secretary of State

Current Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0838039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE
2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JORGE GURIAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDOZA, OTTO
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: BLUM, JONATHAN
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: BLUM, ANNABELLE
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BLUM, SIMON
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OTTO MENDOZA

PD

10/11/2008

Electronic Signature of Signing Officer or Director

Date